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# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

|                                          |               |
|------------------------------------------|---------------|
| Application Number                       | 10/606,178    |
| Filing Date                              | June 24, 2003 |
| First Named Inventor                     | Alfred TOM    |
| Art Unit                                 | 2684          |
| Examiner Name                            | Nick Corsaro  |
| Total Number of Pages in This Submission | 4             |
| Attorney Docket Number                   | 45818.00018   |

## ENCLOSURES (check all that apply)

|                                                                          |                                                                                                                            |                                                                                                                                                                                                            |
|--------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Fee Transmittal Form                            | <input type="checkbox"/> Drawing(s)                                                                                        | <input type="checkbox"/> After Allowance Communication to TC                                                                                                                                               |
| <input checked="" type="checkbox"/> Return Postcard                      | <input type="checkbox"/> PTO SB/08a                                                                                        | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences                                                                                                                        |
| <input type="checkbox"/> Amendment / Response                            | <input type="checkbox"/> PTO SB/08b                                                                                        | <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)                                                                                                                    |
| <input type="checkbox"/> Amendment After Final                           | <input type="checkbox"/> Issue Fee Transmittal (PTO-85b)                                                                   | <input type="checkbox"/> Status Request                                                                                                                                                                    |
| <input type="checkbox"/> Declaration of Inventor(s)                      | <input checked="" type="checkbox"/> New Power of Attorney, Revocation of Previous Powers, Change of Correspondence Address | <input checked="" type="checkbox"/> The Director is authorized to charge any required fees or credit any overpayment to Deposit Acct. No. 05-0150. A duplicate of this sheet is enclosed for this purpose. |
| <input type="checkbox"/> Extension of Time Request                       | <input type="checkbox"/> Terminal Disclaimer                                                                               | <input type="checkbox"/> Other Enclosure(s) (please identify below):                                                                                                                                       |
| <input type="checkbox"/> Request for Continued Examination               | <input type="checkbox"/> Request for Refund                                                                                |                                                                                                                                                                                                            |
| <input type="checkbox"/> Information Disclosure Statement                | <input type="checkbox"/> Power of Attorney                                                                                 |                                                                                                                                                                                                            |
| <input type="checkbox"/> Certified Copy of Priority Document(s)          | <input type="checkbox"/> Affidavit                                                                                         |                                                                                                                                                                                                            |
| <input type="checkbox"/> Reply to Missing Parts/Incomplete Application   | <b>Remarks</b>                                                                                                             |                                                                                                                                                                                                            |
| <input type="checkbox"/> Reply to Missing Parts under 37 CFR1.52 or 1.53 |                                                                                                                            |                                                                                                                                                                                                            |

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

|              |                                                                              |          |        |
|--------------|------------------------------------------------------------------------------|----------|--------|
| Firm         | Squire, Sanders & Dempsey L.L.P.<br>600 Hansen Way, Palo Alto, CA 94304-1043 |          |        |
| Signature    |                                                                              |          |        |
| Printed Name | Aaron Wininger                                                               |          |        |
| Date         | November 18, 2005                                                            | Reg. No. | 45,229 |

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| Typed or printed name | Ines Francetic | Date | November 18, 2005 |

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PTO/SB/81 (11-04)  
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**POWER OF ATTORNEY  
and  
CORRESPONDENCE ADDRESS  
INDICATION FORM**

|                        |                                                                            |
|------------------------|----------------------------------------------------------------------------|
| Application Number     | 10/606,178                                                                 |
| Filing Date            | June 24, 2003                                                              |
| First Named Inventor   | Alfred TOM                                                                 |
| Title                  | METHODS AND APPARATUS FOR A SELF-CONFIGURING SMART MODULAR WIRELESS DEVICE |
| Art Unit               | 2684                                                                       |
| Examiner Name          | Nick Corsaro                                                               |
| Attorney Docket Number | 45818.00018                                                                |

**I hereby revoke all previous powers of attorney given in the above-identified application.**

**I hereby appoint:**

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**OR**

☒ Practitioner(s) named below:

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| Cameron K. Kerrigan | 44,828              |
| Nathan Lane III     | 43,738              |
| Aaron Wininger      | 45,229              |
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☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Signature

Date

Name

Alfred TOM

Telephone

415-738-4871

Title and Company

President/CTO

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ \*Total of 1 forms are submitted.

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